United Nations E/ICEF/1998/P/L.13/Add.1

Economic and Social Council

Distr.: Limited
30 June 1998

Original: English

United Nations Children's Fund
Executive Board
Second regular session 1998
8-11 September 1998
Item 7 of the provisional agenda*

For action

Country programme recommendation**

The Gambia

Addendum

Summary

The present addendum to the country note submitted to the Executive Board at its first regular session in January 1998 contains the final country programme recommendation for Board approval.

It contains a recommendation for funding the country programme of the Gambia which has an annual planning level of $1,000,000 or less. The Executive Director *recommends* that the Executive Board approve the amount of $3,594,000 from general resources, subject to the availability of funds, and $5,000,000 in supplementary funds, subject to the availability of specific-purpose contributions, for the period 1999 to 2003.

* E/ICEF/1998/12.

** The original country note provided only indicative figures for estimated programme cooperation. The figures provided in the present addendum are final and take into account unspent balances of programme cooperation at the end of 1997. They will be contained in the "Summary of 1998 recommendations for general resources and supplementary funding programmes" (E/ICEF/1998/P/L.21).

Basic data
(1996 unless otherwise stated)

Child population (thousands, 0-18 years)	535
U5MR (per 1,000 live births)	107
IMR (per 1,000 live births)	78
Underweight (% moderate and severe)	21
Maternal mortality rate (per 100,000 live births,1990)	1,100
Literacy (% male/female, 1995)	53/25
Primary school enrolment (% net, male/female, 1995)	51/43
Primary school children reaching grade 5 (%, 1992)	87
Access to safe water (%)	69
Routine EPI vaccines financed by Government (%)	0
GNP per capita (US $,1995)	320
One-year-olds fully immunized against:	
tuberculosis	99 per cent
diphtheria/pertussis/tetanus	97 per cent
measles	89 per cent
poliomyelitis	97 per cent
Pregnant women immunized against tetanus	92 per cent

The situation of children and women

1. The Gambia is a densely populated riverine country (105 persons per square kilometer), whose population of some 1.1 million grows at 3.6 per cent per year, fueled by a high fertility rate (5.3) and immigration from neighbouring countries. On the other hand, economic growth has been slower. At least one third of the population is poor and the Gambia is one of the least-developed countries. Since 1994, external assistance from donor countries has continued to decline, despite the recent democratization process.

2. About one half of the Gambia's population is under the age of 18 years. Recent years have seen a sharp increase in the number of female-headed households in the rural areas, owing mainly to increasing urban migration. Families in rural areas have been particularly hard-hit by environmental degradation, which has accelerated during the past two decades, affecting in particular the dry northern and eastern parts of the country.

3. Progress towards the mid-decade goals has been mixed. The under-five mortality rate (U5MR) decreased from 140 per 1,000 live births in 1990 to 107 in 1996 and morbidity and mortality related to vaccine-preventable diseases have declined due to high immunization coverage. Malaria, acute respiratory infections (ARI), diarrhoea, malnutrition and neonatal problems are now the main immediate causes of child morbidity and mortality. The high maternal mortality rate (MMR) is attributed mainly to haemorrhagia and infections. Within the country, marked disparities are seen between the different zones; in certain rural divisions, the infant and maternal mortality rates are about one and a half to twice as high as in urban areas.

4. The underlying causes of child morbidity and mortality include inadequate access to quality health services and safe water and sanitation facilities, compounded by lack of appropri-

ate information and ineffective community-based prevention of diseases. In certain parts of the country, for example, less than one half the population have access to safe water. The weak economy, low national capacities and vulnerability to external shocks affect the well-being of Gambian children and women. Periodic outbreaks of cholera and meningitis, and increasing numbers of refugees from neighboring countries strain already meager resources.

5. The prevalence of HIV is still relatively low, but the high prevalence of sexually transmitted diseases (STDs) puts the country at risk of an explosive increase in the incidence of HIV. The number of cases of HIV/AIDS has been increasing steadily since 1986 and it is estimated that about 2 per cent of the population is now infected.

6. Cultural practices, gender discrimination and the high cost to families of formal basic education limit school enrolment and retention, especially of girls. While national statistics show a gradual increase in the primary school net enrolment ratio from 49 per cent (42 per cent for girls) in 1993-1994 to 54 per cent (47 per cent for girls) in 1995-1996, rural areas lag behind, with only 34 per cent enrolment. About 20 per cent of school-age children attend Koranic schools, which usually have a restricted curriculum. Many girls in rural areas are withdrawn from school for economic reasons; some of them migrate to urban areas to seek domestic or other employment, where they may be sexually exploited. Since tourism is an important source of income for the country, underprivileged youth are at risk of commercial and sexual exploitation.

7. Only one out of four Gambian women is literate. Women and girls are key beneficiaries of many development programmes, but the gender gap remains wide in terms of participation in decision-making and control of resources. Despite the extensive role of women in economic productivity and household management, their contributions often go unrecorded. Since they are virtually excluded from the formal credit system, most rural women borrow and save through theinformal sector. While their right to land is constitutionally recognized, women are often kept from exercising this right because traditional laws discriminate against them.

8. Over two thirds of Gambian women and girls have undergone female genital mutilation (FGM), a practice which is deeply rooted in Gambian culture. Training and information campaigns have been launched by both governmental and non-governmental organizations (NGOs). There is no legislation prohibiting this practice, and women's - and men's - lack of knowledge, combined with traditional beliefs, prevent women from making decisions on their own sexual and reproductive health.

9. The Gambia ratified the Convention on the Rights of the Child in 1990 and the Convention on the Elimination of All Forms of Discrimination against Women in 1993. The country's Constitution has a chapter on human rights and emphasizes child rights, particularly the right to free and compulsory education, but does not emphasize women's rights to the same extent. A multisectoral working group, coordinated by the Department of State for Justice, has been established to prepare the country's initial report to the Committee on the Rights of the Child. The Government is planning to set up a Commission and Secretariat for Children's Affairs to facilitate implementation and monitoring of the Convention on the Rights of the Child, including further reporting to the Committee on the Rights of the Child.

10. Recent national policies and programmes, including the Government's poverty alleviation programme and decentralization policy, are expected to have a positive impact on the situation of children and women. The relatively stable socio-political environment and the existence of village development committees, parent-teacher associations and a large number of voluntary women's and youth organizations at community level all present opportunities for the promotion and protection of the rights of women, children and youth.

Programme cooperation, 1992-1998

11. Previous programme cooperation (1992-1996 and 1997-1998) focused on revitalizing primary health care (PHC) services, increasing vaccination coverage, providing safe water supply and sanitation and promoting basic education. Such measures were effective in improving the situation of children and women and contributed significantly to an overall improvement of child-related indicators and the attainment of some of the mid-decade goals set for the country. Other significant achievements included support to national policy development, mainly the 1997-2003 National Education Policy and Master Plan, the National Health Policy, the draft Early Childhood Development Policy and the standardization of water hand-pumps and latrines. National strategies are being developed for environmental sanitation.

12. In the health programme, 14 of 39 health centres were revitalized. An evaluation of the implementation of the Bamako Initiative showed that notable progress had been achieved in the areas of community co-management and co-financing, although these need to be strengthened, as do the training of health personnel and women's participation. UNICEF support to the expanded programme on immunization contributed to its sustained success, with about 80 per cent of children being fully immunized before age one, with even higher coverage for individual antigens. However, the meningitis outbreak in 1997 diverted programme resources away from planned activities.

National capacities remain weak and the high attrition rate of national health staff, due to rotation and employment elsewhere, also constrains capacity-building efforts.

13. Under the water and sanitation programme, 80 schools were provided with water points, and 30 schools and 4,000 households were provided with latrines. However, programme implementation was constrained by weak national capacities, with the result that not all targets were attained. UNICEF supported a complete inventory of water points in the country and initiated the establishment of an efficient monitoring system for sanitation.

14. The education programme contributed to increasing primary enrolment and narrowing the gender gap through training of 1,200 teachers and reinforcing of supervision, but retention and quality remain major challenges. An evaluation of the non-formal education component highlighted, as an example of successful collaboration with NGOs, the UNICEF support to functional literacy training of 40 trainers for women sesame growers, who were also beneficiaries of agricultural inputs from Catholic Relief Services. However, new government regulations for NGOs led to some delays in literacy interventions.

Lessons learned

15. The past programme of cooperation yielded a number of useful lessons. On the positive side, UNICEF was able to meet some crucial needs at a critical time when other donors withdrew their assistance during the political transition period. The success of efforts in integrating education, water and sanitation interventions in primary schools has built a strong case for continuing with such strategies and ensuring greater geographic convergence of sectoral programmes. However, objectives for the 1992-1996 programme were found to have been too ambitious and consequently, more realistic project objectives were adopted for the 1997-1998 short-duration programme. Social mobilization and behavioural change remain major challenges for the new country programme. The integrated monitoring and evaluation plan was generally adhered to, although the establishment of baseline data and a common national data base for the social sectors still need strengthening.

Recommended programme cooperation, 1999-2003

Estimated annual expenditure
(In thousands of United States dollars)

	1999	*2000*	*2001*	*2002*	*2003*	*Total*
General resources						
Health and nutrition	224	221	219	219	219	1 102
Basic education	175	170	168	168	168	849
Water, environment and sanitation	224	221	219	219	219	1 102
Advocacy, social policy and programme development	42	38	34	34	33	181
Cross-sectoral costs	69	70	72	74	75	360
Subtotal	**734**	**720**	**712**	**714**	**714**	**3 594**
Supplementary funding						
Health and nutrition	500	500	400	400	400	2 200
Basic education	232	225	200	180	163	1 000
Water, environment and sanitation 300	310	315	315	310	1 550	
Advocacy, social policy and programme development	50	50	50	50	50	250
Subtotal	**1 082**	**1 085**	**965**	**945**	**923**	**5 000**
Total	**1 816**	**1 805**	**1 677**	**1 659**	**1 637**	**8 594**

Programme objectives and strategies

16. The proposed country programme was developed under the auspices of the Policy Analysis Unit of the Office of the President, which ensured the participation of all the government institutions concerned. Other agencies of the United Nations system, principal partners in bilateral cooperation such as the Department for International Development (United Kingdom) and major national NGOs were also involved in the process.

17. The proposed country programme has been prepared within the framework of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. It is expected to contribute to as well as benefit from the Common Country Assessment and the country strategy note, both of which are under preparation. The overall goal of the programme is to contribute to the survival, development, protection and participation of Gambian children and women. The main objectives are to contribute, by the year 2003, to: (a) reducing the infant mortality rate (IMR) and U5MR to 50 and 80 per 1,000 live births, respectively; (b) reducing MMR by 20 per cent; (c) reducing by one half moderate and severe malnutrition rates in children under five years of age; (d) reducing female illiteracy rates by 10 per cent; (e) increasing gross primary school enrolment to 75 per cent; (f) reducing access gaps in safe water and environmental sanitation by 50 per cent and 30 per cent respectively; and (g) improving protection of children in need of special protection measures.

18. The programme will use five strategies. Service delivery will continue to be used in areas where there are gender or geographical gaps in access to basic services, and will favour the poorest and most vulnerable groups, to overcome disparities. Advocacy at national level will continue to focus on the promotion of children's and women's rights. Capacity-building will strengthen community participation and aim to reinforce basic social services and the Government's decentralization process, as well as to ensure local ownership, convergence and sustainability of interventions. Empowerment of women will be pursued through training and information exchange. The programme will support emergency preparedness through appropriate training.

19. Using its field experience, UNICEF will support ongoing policy development, promote policy dialogue and facilitate the harmonization of national policies and strategies in the context of the two Conventions. Improved intersectoral and inter-agency exchanges will be promoted. All programmatic interventions will seek to bridge in a holistic manner the gaps between central-level prescriptions for basic social services and locally identified needs.

20. The country programme's objectives will be pursued through the four programmes described below. Convergence between the programmes will be ensured by the choice of the same communities, where feasible, for a number of UNICEF-supported interventions in education, health and nutrition promotion and water, environmental care and sanitation.

Health and nutrition programme

21. The health project will focus on increasing access to quality and affordable health services by expanding the revitalization of health services according to the Bamako Initiative strategy, from the current 35 per cent to 70 per cent of health facilities, benefiting nearly 250,000 people (almost one fourth of the total population). This work will be done in cooperation with the World Bank and the World Health Organization (WHO). Special efforts will be made to improve the quality of health care in the target areas through the integrated management of childhood illnesses, such as malaria, ARI and diarrhoea, according to standard guidelines. Health agents and community health workers will be trained to mobilize communities and promote preventive health activities such as bednet dipping for malaria control. The project will increase access to pre- and post-natal consultations and emergency obstetrical care by strengthening the referral system in the same areas. In addition, health agents will encourage women to seek these services on time and sensitize men in this regard.

22. Through health centres and school-based education activities, undertaken in collaboration with the education programme and such partners as the national AIDS control programme and the Joint and Co-Sponsored United Nations Programme on HIV/AIDS, the programme will also aim to reduce by one third the currently prevailing rates of STDs among women in antenatal care in the target areas, and to educate youth and school populations on HIV/AIDS. Support will be given to NGOs for school- and community-based training and sensitization on FGM in the two divisions where the problem is most serious.

23. The nutrition project will focus principally on the same target areas, and will aim to increase exclusive breast-feeding rates by one half compared to 1998 levels, reduce low birth weight and improve infant and young child feeding practices and maternal nutrition. This will be carried out using the Baby-Friendly Hospital Initiative strategy, improving pre- and post-natal care and supporting nutrition education of families by NGOs and health workers. Vitamin A and iron-folate supplementation will be integrated as part of the Bamako Initiative strategy, benefiting about 10,000 children under five years old and 25,000 women of child-bearing age in the target areas.

24. At national level, the programme will continue to support the Government in increasing the proportion of children who are fully immunized before one year of age from 80 to 90 per cent. The project will also continue to support integration of EPI into the PHC system. Efforts to address iodine deficiency disorders will include support to the country's salt iodization efforts through the provision of salt-testing kits and identification and implementation of corrective actions. UNICEF will collaborate with other agencies and NGOs to support the Government in the development and implementation of an integrated and gender-sensitive nutrition policy.

25. General resources will be used to support the Government's EPI and health revitalization efforts. The number of target areas for expanding the Bamako Initiative strategy to cover health and nutrition services will depend on the amount of supplementary funds received, as will interventions on HIV/AIDS and FGM.

Basic education

26. The basic education project, which will benefit some 20,000 children, will address gender disparity by focusing on increasing girls' primary net enrolment in the four divisions where it is lowest. It will aim to increase girls' net enrolment ratios here by one fifth of current levels, through training of 2,000 teachers, with a special focus on women, and sensitization of communities. Since the cost of learning materials constitutes a serious constraint, communities will be helped to channel locally-generated resources into school committee funds, so that learning materials can be provided on a sustained basis. The education programme also will aim to increase the primary school enrolment of disabled children in the four target divisions by one half. To establish baselines for these efforts, a 1998 survey on childhood disability will be used to develop training and sensitize teachers so as to mainstream children with moderate learning difficulties into the current school structure. UNICEF will seek support from partners to develop approaches for children with severe learning difficulties who require more specialized education.

27. While the Gambia has relatively high primary school enrolment compared to many other countries in the region, the quality of education still poses problems and until recently there was no systematic process for its monitoring. Since 1997, UNICEF has supported the development and establishment of a system for monitoring learning achievement (MLA) in primary schools. The new programme will continue this support and aim to improve the quality and relevance of primary education, as judged by MLA test scores and achievement levels for selected grades. Using this tool, system-wide problems will be identified and corrective measures applied through, *inter alia*, training of teachers on problem areas and review of the national curriculum, including a gender perspective.

28. A second project, on early child development (ECD) and parents' literacy, will support training of local facilitators from some 100 integrated ECD/literacy centres (representing some 15,000 parents) to provide integrated early child care and parent education services, ultimately benefiting 30,000 young children. This project will be funded entirely from supplementary funds. General resources will be used to support the basic education project.

Water, environment and sanitation

29. The programme will focus on water supply to schools, as other agencies (the United Nations Capital Development Fund and the European Development Fund) are working in the area of village water supply. The choice of beneficiary target communities and schools was facilitated by the inventory of water points established during the previous programme. The programme will ensure access to safe water in some 100 selected schools where there currently are no water points, benefiting some 30,000 children and 15,000 villagers. The programme will also ensure access to adequate sanitation in 100 schools where this is badly needed, benefiting 30,000 children. As a result, water and sanitation coverage for the Gambia's existing 300 primary schools will increase from about 67 to 100 per cent and from 33 to 67 per cent, respectively. In addition, the programme will aim to generate some 6,000 village latrines (representing an increase in sanitation coverage from 10 to 20 per cent of rural households), through building 150 demonstration latrines, training masons and providing low-cost materials so that communities can construct latrines on a cost-sharing basis. At the same time, mobilization efforts will seek to change behaviour in hygiene, water use and storage, and primary environmental care. Specific behavioural change indicators have been established and baseline data will be collected at the end of 1998. Such interventions in behavioural change, sanitation and water supply are expected to reduce diarrhoea and other water- and sanitation-related diseases, and the amount of time that women spend in collecting water, making them more willing to send their daughters to school. The scale of the programme will depend on the amount of supplementary funds received.

30. At national level, the programme will apply the experiences gained at community level to the development and adoption of a national sanitation policy; the decentralization of sectoral planning and monitoring; and coordination and collaboration with other partners, NGOs and donors. The monitoring system developed for sanitation in the previous programme will be used and promoted, since this is a sector where monitoring traditionally has been weak.

Advocacy, social policy and programme development

31. The advocacy project focuses on increasing selected groups' awareness of the two Conventions, training on child rights issues and support to the Government for appropriate harmonization and revision of legislation and reporting on child rights, as well as on allocation of resources in line with the 20/20 Initiative. UNICEF will seek the support of other partners and donors regarding specific child protection issues, which will be addressed by the programme once adequate resources are mobilized. An integrated communication plan has been developed which aims to maximize the effectiveness of all social mobilization and communication activities at community level, in selected school-based groups and at national level. The social policy, programme development, monitoring and evaluation project will support the Government in social sector planning, data collection and management and social policy analysis. The project will also will ensure planning, monitoring and evaluation of the country programme, as described below.

Monitoring and evaluation

32. An integrated monitoring and evaluation plan has been developed, taking into account lessons learned from the previous cycle. This plan will be updated at mid-year and during annual programme reviews. A limited list of key indicators will be used for monitoring major activities and progress towards project objectives. Most of these indicators will use routine monitoring systems. Behavioural change indicators will be measured through knowledge, attitude and practice surveys in the target communities. Baseline data already exist for a number of the selected indicators, and plans have been made to collect data for others. The education programme will implement an evaluation of the impact of teachers' training in 2001. Other evaluative events in the programme cycle include the mid-term review in 2001, a multiple-indicator cluster survey in 2000 to evaluate progress towards the goals of the World Summit for Children and an end-of-cycle programme evaluation in 2003.

Programme management

33. The Government will have overall responsibility for implementation, coordination and supervision of the country programme. With the Government's agreement, NGOs and other partners may also be involved in the implementation. Overall UNICEF assistance to the Government will be coordinated by the Policy Analysis Unit of the Office of the President through biannual programme meetings and other related mechanisms. Each sectoral programme will be coordinated through steering committees, the composition of which will reflect the various actors working in the sector, including NGOs. Regular field monitoring will be implemented and reports will be published on a biannual basis. Financial management will be undertaken by UNICEF.

Fund-raising

34. Given the limited amount of general resources, the implementation of certain activities in the programme will depend upon the availability of supplementary funds. A resource mobilization strategy will therefore be developed to include traditional bilateral donors and multilateral, private sector and local community resources. Contacts will also be made with Arab and Islamic funding sources.

Partnerships

35. The United Nations system, other multilateral and bilateral agencies and NGOs will continue to be involved in the programme development process. The programme's activities therefore are expected to complement those being supported by other agencies and donors. Such collaboration involves particularly the United Nations Development Programme, the United Nations Population Fund, the World Bank, WHO, the European Development Fund, the German Agency for Technical Cooperation, Catholic Relief Services, the Medical Research Council, Action Aid, the Gambia Committee on Traditional Practices, the Nova Scotia-Gambia Association and the Peace Corps (United States).

TABLE

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : GAMBIA
PROGRAMME : 1999-2003

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET				POSTS a/										STAFF COSTS b/		
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
GENERAL RESOURCES :																	
HEALTH AND NUTRITION	1,102,000			1,102,000	0	0	0	0	1	0	1	0	0	1	704,493	0	704,493
WATER, ENVIRONMENT AND SANITATION	1,102,000			1,102,000	0	0	0	0	0	0	0	1	0	1	214,869	139,541	354,410
BASIC EDUCATION	849,000			849,000	0	0	0	0	0	0	0	1	0	1	0	198,596	198,596
ADVOCACY, SOCIAL POLICY AND PROGRAM	181,000			181,000	0	0	0	0	0	0	0	0	0	0	0	0	0
CROSS-SECTORAL COSTS	360,000			360,000	0	0	0	0	0	0	0	0	5	5	0	334,240	334,240
TOTAL GR	3,594,000			3,594,000	0	0	0	0	1	0	1	2	5	8	919,362	672,377	1,591,739
SUPPLEMENTARY FUNDING :																	
HEALTH AND NUTRITION		0	2,200,000	2,200,000	0	0	0	0	0	0	0	0	0	0	0	0	0
WATER, ENVIRONMENT AND SANITATION		0	1,550,000	1,550,000	0	0	0	0	0	0	0	0	0	0	0	0	0
BASIC EDUCATION		0	1,000,000	1,000,000	0	0	0	0	0	0	0	0	0	0	0	0	0
ADVOCACY, SOCIAL POLICY AND PROGRAM		0	250,000	250,000	0	0	0	0	0	0	0	0	0	0	0	0	0
CROSS-SECTORAL COSTS		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL SF		0	5,000,000	5,000,000	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL GR & SF	3,594,000	0	5,000,000	8,594,000	0	0	0	0	1	0	1	2	5	8	919,362	672,377	1,591,739
SUPPORT BUDGET			Operating costs Staffing	694,530	0	0	0	1	1	0	2	0	5	7	1,571,400	451,902	2,023,302
GRAND TOTAL (GR + SF + SB)					0	0	0	1	2	0	3	2	10	15	2,490,762	1,124,279	3,615,041
	Number of posts and staff costs: Current programme cycle																
	At the end of proposed programme cycle (indicative only)										4 3	1 2	9 10	14 15	2,490,762	1,124,279	3,615,041

GR = general resources.
SF = supplementary funding.
FSF = funded supplementary funding.
NSF = new supplementary funding.
IP = international Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.